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Rih Data Sheet

## **CONFIRMATION NO. 9403**

|  | FILING DATE   |                   |          |                        |                       |                              |                                    |             |  |
|--|---|-------------------|----------|------------------------|-----------------------|------------------------------|------------------------------------|-------------|--|
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|  | RULE  |                   |          |                        |                       |                              |                                    |             |  |
| APPLICANTS   |   |                   |          |                        |                       |                              |                                    |             |  |
| Ching Kun Lai, Changhua, TAIWAN;   |   |                   |          |                        |                       |                              |                                    |             |  |
| ** CONTINUING DATA **********************************  |   |                   |          |                        |                       |                              |                                    |             |  |
|  | None 2  | CAR               |          |                        |                       |                              |                                    |             |  |
| ** FOREIGN APPLICATIONS ************************************   |   |                   |          |                        |                       | •                            |                                    |             |  |
|  | yes >   | 60                |          |                        |                       |                              |                                    |             |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 02/11/2004   |   |                   |          |                        |                       |                              |                                    |             |  |
| Foreign Priority claimed   | yes □ no _  | ,                 | STATE OR | SHE                    | ETS                   | тот                          | ΔΙ                                 | INDEPENDENT |  |
| 35 USC 119 (a-d) conditions<br>met   | et Allowance  |                   |          |                        |                       |                              |                                    |             |  |
| Verified and Acknowledged Ex   | and <u>Inde a: Zaoc</u> COUNTR'   |                   | TAIWAN   |                        | RAWING CLAIN<br>10 11 |                              |                                    | CLAIMS<br>1 |  |
| ADDRESS<br>LOWE HAUPTMAN GILMAN & BERNER, LLP<br>Suite 310<br>1700 Diagonal Road<br>Alexandria,VA<br>22314 |   |                   |          |                        |                       |                              |                                    |             |  |
| TITLE<br>Liquid crystal display device and backlight module thereof  |   |                   |          |                        |                       |                              |                                    |             |  |
|  |   |                   |          |                        | ☐ All Fees            |                              |                                    |             |  |
|  |   |                   |          |                        | 1.16 Fees (Filing)    |                              |                                    |             |  |
| No.  | S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUN for following: |                   |          | NT                     | 1.1 time )            | 17 Fees ( Processing Ext. of |                                    |             |  |
| RECEIVED No<br>770   |   |                   |          |                        | 1.18 Fees (Issue)     |                              |                                    | •)          |  |
|  |   |                   |          |                        | Other                 |                              |                                    |             |  |
| 1  |   |                   |          |                        |                       |                              |                                    |             |  |